

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>AG</i>	<i>67810</i>	<i>8/16/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>BZ</i>	<i>JC 3-883</i>	<i>09-27-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	08/16/00
2	08/16/00
3	08/16/00
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49	08/16/00
50	08/16/00

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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